

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-E
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Kentucky

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

Not applicable

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not applicable

*Description provided on attachment.

TN No. <u>92-1</u>	Approval Date <u>NOV 14 1994</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. <u>None</u>		

HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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C. State or local funds under other programs are used to pay for premiums:

☐ Yes ☒ No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

Not applicable

*Description provided on attachment.

TN No. 92-1
Supersedes None Approval Date NOV 14 1994 Effective Date 1-1-92
TN No. None
HCFA ID: 7986E